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LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES - PUBLIC HEALTH
CHILDHOOD LEAD POISONING PREVENTION PROGRAM
JURISDICTIONAL TARGETED SCREENING PLAN

Introduction:

In late 1997, the Centers for Disease Control and Prevention (CDC) revised its guidelines to recommend a shift from virtually universal blood lead screening to a more targeted approach focusing efforts on identifying and reaching children at greatest risk. The CDC guidelines called for public health officials to develop statewide plans for childhood blood lead screening and to form advisory committees to assist with the development of these plans. The State mandated that local programs, including Los Angeles County, develop and implement targeted screening plans.

Background:

California's policy regarding the screening of young children for lead poisoning has been shaped by a number of events throughout the past decade:

- In 1991, the CDC issued guidelines calling for virtually all children aged one through five years to be screened for lead poisoning.
- In late 1991, California Department of Health services was required to notify CHDP providers of the need to provide blood lead testing to all children at one year of age (or older if no previously screened) and to use a specified personal risk-assessment questionnaire for assessing risk status.
- In 1992, HCFA amended federal law to require that children served by Medi-Cal be screened for lead toxicity at one and two years of age.
- A 1998 U.S. Government Account Office review of National Health and Nutrition Examination Survey data found that children receiving care under Medicaid or WIC were over five times more likely to have elevated blood lead levels than children not covered by these programs.

Policy:

1. Health care providers should screen all children who receive services from Medi-Cal, CHDP, Healthy Families, or WIC at ages 12 and 24 months. Children who have not previously been tested and who are between the ages of 25 and 72 months should also receive a blood lead test.
2. All other children should be assessed for risk of lead poisoning by the use of a personal-risk questionnaire that should be administered at 12 and 24 months of age, or between the ages of 25 and 72 months, if no previous assessment or test has been done. The parent or guardian should be asked the following, and if the response to either or both questions is "YES" or "DON'T KNOW", the child should receive a blood lead test:
 1. Does your child live in or spend a lot of time in a place that has peeling or chipped paint?
 2. Has this place been recently renovated?
 3. Does your child have a sibling or playmate who has or did have lead poisoning?
 4. Does your child live in or regularly visit a house or day-care center that was built before 1950?
 5. Does your child live in or regularly visit a house built before 1978 with recent or ongoing renovations or remodeling (within the last 6 months)?
3. In addition, a child may receive a blood test at the provider's discretion or at parental request.

Primary Target Groups:

- Children under the age of three
- Children age 36-72 months
- Children who reside in designated high-risk areas of Los Angeles County (Refer to Appendix)
- Children who receive services from Medi-Cal, CHDP, Healthy Families and WIC providers
- Under reported ethnic groups, i.e., American-Indians, African-American and Asians

CLPPP Outreach Activities:

1. Implement targeted screening for each Lead Hot Zones, specified zip codes and census tracts.
2. Review and disseminate information from state and local childhood lead poisoning prevention programs.
3. Educate health care providers regarding recommended screening guidelines, anticipatory guidance, and follow-up testing.
4. Provide providers with supportive materials, including information on screening guidelines, parent education, referrals, and local sources of lead exposure.
5. Educate parents and parent group about recommended screening through participation at meetings, flyers and newsletters.
6. Provide parents with supportive materials, including screening guidelines, risk factors, local sources of lead exposure.

Evaluation Activities:

- Review and modify, if necessary, high-risk areas
- Review screening and case data
- Review demographic information
- Evaluation of medical providers compliance with screening guidelines
- Review of pre and post tests following presentations
- Evaluation of curriculum(s)
- Evaluation of health education material

Targeted Screening Task Force: Composition:

CLPPP Co-Directors	CLPPP Public Health Nurse
CLPPP Environmental Health Specialist	CLPPP Epidemiologist
CLPPP Health Education Manager	CLPPP Medical Consultant
Los Angeles City Housing representative	
Pediatrician(s)	
L.A. County DHS Clinic representative(s)	
Managed-Care Organization representative(s)	
Social Services agency(s)	
Housing community representative(s)	
Community based organization(s)	
Parent	

Targeted Screening Task Force Activities:

- review and discuss the following data
 - caseload
 - information on the age housing in Los Angeles County
 - demographic characteristics of children who reside in Los Angeles County
 - Local sources of lead exposure
- periodically review targeted screening criteria;
- come to a substantial consensus on recommendations for targeted screening criteria that health care providers in Los Angeles County can apply to determine if a child needs to be tested for lead;
- recommend strategies for implementing and evaluating the targeted screening policy;
- as a body, lends its name to provider outreach materials, publications and other documents that communicate Los Angeles County's targeted screening policy;
- provide a forum for sharing of information relative to childhood lead poisoning;
- develop strategies to improve screening recommendations;
- obtain direct input and recommendations from health care providers; and
- obtain direct input and recommendations from community organizations and parents;
- recommend and support policy recommendations and/or changes regarding targeted screening

Meeting Frequency - Bimonthly

Plan Evaluation - Annually